RECEIVED FEC MAIL CENTER 2015 AUG 18 AM 8: 27

Committee Name:			
Virginia for USA			
If registered, FEC ID:			
Today's Date:	 		
12 AUG 2015			

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization - Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:

Daniel L. Zuniga

Treasurer

FEC FORM 1

Use

Only

STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAIL CENTER 2015 AUG 18 8 8 8 8 10 27

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
VIIIRIGIIINIIIAI IFI	0; R; ; U; S; A; ; ; ;		
ADDRESS (number and street)	1604 E TAZ	EWIGLILS, WAY	
(Check if address is changed)			
, , , , , , , , , , , , , , , , , , ,	WILL LIAMS	BUTG	STATE A 23.1.851-LIJ
COMMITTEE'S E-MAIL ADDRES	SS		
(Check if address is changed)	linfole Vin	Biiniia fiorrusia	.,0,7,9,
	Optional Second E-Mail Ad		
COMMITTEE'S WEB PAGE ADD	DRESS (URL)		
☐	www.virg	inninaifioiriuisiai.i	0, r, 9, , , , , , , , , ,
	1,,,,,,,,		
	1—1—1—1—1—1—1—1—1—1—1—1—1—1—1—1—1—1—1—	_ }	
2. DATE 0.7 2	4 2 0 1 5		
3. FEC IDENTIFICATION NU	JMBER ▶ \(\bigcup \bigcup \overline{\cappa} \o	0.5.8.3.2.1.1	•
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined th	is Statement and to the bes	t of my knowledge and belief it	s true, correct and complete.
Type or Print Name of Treasure	DANIEL	L. ZUNI	OA
Signature of Treasurer	M.		Date 07 29 255
NOTE: Submission of false, errone		n may subject the person signing the	his Statement to the penalties of 52 U.S.C. §30109
Office	7.1.1 GLIZINGE HY HYPOTHUM	For further information co	

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

(Revised 06/2012)

	20.0	. 495 2				
		OMMITTEE				
Can		e Committee:				
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name Cand	e of didate					
	lidate ⁄ Affiliati	Office State on Sought: House D Senate President District				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand	e of lidate					
Part	ty Con	nmittee:				
(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party				
Poli	tical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is				
		Corporation Corporation w/o Capital Stock Labor Organization				
•		Membership Organization Trade Association Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.				
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or part committee. (i.e., nonconnected committee)				
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	t Fund	Iraising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.				
	Com	mittees Participating in Joint Fundraiser				
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number C				
	4.					

FEC Form 1 (Revi	sed 02/2009)	Page 3
Write or Type Committee I	lame	
6. Name of Any Connect	ed Organization, Affiliated Committee, Joint Fundraising Represent	tative, or Leadership PAC Sponsor
1		
Mailing Address		
. , , ,		
	CITY STA	ATE ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising Repr	
7. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of	the person in possession of committee
Full Name		
Mailing Address		
Title or Position	CITY STAT	E ZIP CODE
	Telephone number	<u> </u>
8. Treasurer: List the nam any designated agent (e	e and address (phone number optional) of the treasurer of the coming., assistant treasurer).	mittee; and the name and address of
Full Name of Treasurer	NIJIEILI ILI IZVINJIGIAI I I I I I I I I I	
Mailing Address	610141 TIAIZIEIWEILILISI WAIYI I I I	
	<u> </u>	
	WILLLIAM SIBIUIRIGI I V	
Title or Position	CITY STAT	E ZIP CODE
TREASINE	Telephone number	18,0,4,-13,3,0,-19,7,8,6

CITY

STATE

ZIP CODE

Mailing Address



Virginia for USA

604 Tazewells Way Williamsburg VA 23185

FEDERAL ELECTIONS COMMISSION SERVICES 999 E Street N.W.

Washington DC 20463 AM 8: 27

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(3/2015)

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DATE PREPARED